

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number _____ Correspondence address below

Name JOHN S. FOSTER

Address 4678 VIA HUERTO

Address

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	PATRICK EDWARD		Family Name or Surname	FEIERABEND
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Inventor's Signature	Patrick Feierabend		Date	1/11/01
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Residence: City	215 SANTA BARBARA	State	CA	Country	USA	Citizenship	US
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Mailing Address 215 VIA SEVILLA ST

Mailing Address

City	SANTA BARBARA	State	CALIF	ZIP	93109	Country	USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])	Richard Thomas		Family Name or Surname	MARTIN
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Inventor's Signature	Richard Thomas Martin		Date	11 Jan 2001
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Residence: City	GOLETA	State	CA	Country	USA	Citizenship	USA
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Mailing Address 5692 Berkeley Road

Mailing Address

City	GOLETA	State	CA	ZIP	93113	Country	USA
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page ____ of ____

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Jeffrey Frank		Summers				
Inventor's Signature	Jeffrey Frank Summers				Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA	Citizenship
Post Office Address	1416 Clearview rd.					
Post Office Address						
City	Santa Barbara	State	CA	ZIP	93101	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Andrew Dexter		Cullis				
Inventor's Signature	Andrew Cullis				Date	1/11/01
Residence: City	Los Alamos	State	CA	Country	USA	Citizenship
Post Office Address	P.O. Box 902 Los Alamos CA 93440-0902					
Post Office Address						
City	Los Alamos	State	CA	ZIP	93440	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Paul J.		Rubel				
Inventor's Signature	Paul J. Rubel				Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA	Citizenship
Post Office Address	527 La Marin. Dr.					
Post Office Address						
City	Santa Barbara	State	CA	ZIP	93101	Country

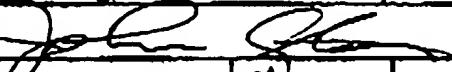
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PTO/SB/02A (3-07)

Approved for use through 03/03/08. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle, if any)		Family Name or Surname			
John Stuart		Foster			
Inventor's Signature				Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address	4678 Via Huerto				
Post Office Address					
City	Santa Barbara	State	CA	zip 93110	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle, if any)		Family Name or Surname			
John W		Stocker			
Inventor's Signature				Date	1/17/01
Residence: City	Santa Barbara	State	CA	Country	USA
Post Office Address	211 Bath				
Post Office Address					
City	Santa Barbara	State	CA	zip 93101	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor			
Given Name (first and middle, if any)		Family Name or Surname			
Inventor's Signature				Date	
Residence: City		State		Country	Other/State
Post Office Address					
Post Office Address					
City		State		zip	Country

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page ____ of ____

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
John Stuart			Foster			
Inventor's Signature	<i>John Stuart</i>				Date	1/11/01
Residence: City	Santa Barbara	State	CA	Country	USA	Citizenship
Post Office Address	4678 Via Huerto					
Post Office Address						
City	Santa Barbara	State	CA	ZIP	93110	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
			Stocker			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname			
Inventor's Signature					Date	
Residence: City		State		Country	Citizenship	
Post Office Address						
Post Office Address						
City		State		ZIP		Country

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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

First Named Inventor

PATRICK E. FEIERABEND

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR ASSEMBLING AN ARRAY OF MICRO-DEVICES

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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